

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715071

Entity Name: SEBRING HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**321 W. CENTER AVE
SEBRING, FL 33870**Current Mailing Address:**321 W. CENTER AVE
SEBRING, FL 33870**FEI Number:** 59-2605562**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALBRITTON, KIMBERLY A
1211 EDGEWATER POINT DRIVE
SEBRING, FL 33870 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KIMBERLY ALBRITTON

07/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name JARVIS, MIKE
Address 108 CIRCLE PARK DRIVE
City-State-Zip: SEBRING FL 33870

Title TREASURER, DIRECTOR
Name ALBRITTON, KIMBERLY
Address 1211 EDGEWATER POINT DR
City-State-Zip: SEBRING FL 33870

Title SECRETARY, DIRECTOR
Name JARVIS, VICKI
Address 108 CIRCLE PARK DRIVE
City-State-Zip: SEBRING FL 33870

Title VP, DIRECTOR
Name POLLARD, JIM
Address 1806 SHORE DRIVE
City-State-Zip: AVON PARK FL 33825

Title D
Name KUBSCH, HOWARD
Address 37 TALL OAKS TRAIL
City-State-Zip: LAKE PLACID FL 33852

Title D
Name TAYLOR, MICHAEL
Address 2109 MANATEE DR.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name MORTON, DOUG
Address 2505 DOG LEG DRIVE
City-State-Zip: SEBRING FL 33870

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY ALBRITTON**TREASURER/RA**

07/21/2020

Electronic Signature of Signing Officer/Director Detail

Date